

COUNTY OF SAN BERNARDINO STANDARD PRACTICE

ву L. Vasquez

APPROVED

NO 7-1.20

PAGE 1 OF 3

ISSUE 7/98

EFFECTIVE 7/94

DEPARTMENT

BEHAVIORAL HEALTH

EVACUATION OF CLINIC DUE TO DANGEROUS CLIENT

James McReynolds, Director

I. PURPOSE

To establish departmental policy that all managers and supervisors will determine a plan is in place for the handling of potential or actual assaultive behavior.

II. FACILITY ASSAULTIVE BEHAVIOR PLAN

- A. There will be an assaultive behavior plan (ABP) in place for each DBH facility. This plan is to include all programs and personnel in that building (See Attachment 2).
- B. The plan will identify the staff members (by position number and title) who are responsible for notifying the local law enforcement agency that assistance is needed.
- C. Each plan will address the code words or phrases which will be used to alert all staff that a potential or violent situation has developed that does not cause alarm for clients or visitors.
 - 1. The definitions of the codes (listed below) that will be used throughout the department to alert staff of a potentially dangerous situation are:
 - * CODE YELLOW all staff, **not with clients**, are to report to the scene of the incident to assist in defusing the situation. Staff will instruct their clients to stay in an office. Clients in "open areas" will be escorted to a conference room, break room, etc. where the entry door can be closed and secured if necessary.
 - **★** CODE RED All staff and clients are to leave the building and report to the fire drill assembly area until the incident has been resolved.
 - * CODE ZEBRA all staff and clients are to stay in their offices or in a secured area until the incident has been resolved.
- D. Each plan will contain a current floor plan of the facility which indicates at least two emergency exit routes out of the building for each room or area.
- E. Each plan will list the staff member(s) (by position number and title) who shall account for all staff and clients or visitors who were in the facility when the assaultive behavior erupted.

COUNTY OF SAN BERNARDINO	NO	7-1.20		1	SSUE	7/98
STANDARD PRACTICE			PAGE	2	OF	3

- F. Each plan will list the employee(s) (by position number and title) who will notify the appropriate program manager, deputy director or assistant director of the assaultive behavior.
- G. The plan will provide a procedure to be used in handling assaultive behavior in parking areas.
- H. The plan will provide instruction on the procedure to be followed for protecting clients who are in the clinic or on the clinic grounds at the time of an incident.
- I. Each plan will address procedures that will be followed by all staff when leaving the facility during non-daylight hours.
- J. Drills should be announced within 2 hours of drill, so clinical staff can be prepared if with crisis clients, or giving injections.
- K. Program managers will be required to review the ABP annually to make any changes to the ABP on Attachment 2. Review and changes to the ABP must be completed by the month of June. Staff will be required to affix their signature on the Review Acknowledgement Sheet (See Attachment 1) affirming that they have read and understand the policy.

III. PRACTICE DRILLS

- A. Every other month a staff member (on a rotating basis) will write an assaultive behavior situation which will be role played by or watched by all staff. The drills will be conducted in January, March, May, July, September and November.
- B. For each of the months listed above a brief report addressing the basis of the drill and the results will be written by the staff member who designed the drill. This report will be reviewed by the Clinic Supervisor or Building Representative and sent to the appropriate program manager, deputy director and director. The report is due by the 25th of each month. See Attachment 3 for report format that is to be used.

IV. SAFETY COMMITTEE

A. The Safety Committee members will review the Assaultive Behavior Drill Reports (Attachment 3) and notify all DBH staff of items of interest learned from the drills

V. RELEVANT DBH SOP'S

A. All staff will be familiar with DBH/SOP 12-2.11, "Threats of Assault on Staff Members."

COUNTY OF SAN BERNARDINO	NO	7-1.20		IS	SUE	7/98
STANDARD PRACTICE			PAGE	3	OF	3

- B. Staff will be familiar with DBH/SOP <u>7-1.21</u>, "Clients in Possession of Firearms and Other Weapons."
- C. Staff also will be aware of DBH/SOP <u>12-1.10</u>, "Tarasoff Duty To Warn Potential Victims."
- D. Staff also will be familiar with DBH/SOP 7-2.20, "Safety in the Field."

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REVIEW ACKNOWLEDGEMENT SHEET

Name of facility:			
We have read the Assaultive Behavior Plan and fully underst the event a violent situation occurs.	tand the duties we are to perform in		
Name	Date		
Nama	Date		

		ASSAULTIVE BEHAVIOR PL	AN	
		CID		
		Clinic		
NAME OF STAFF	TITLE/POSITION NUMBER	ASSIGNED CLINIC AREA	ACCOUNTABILITY PERSON DIRECTLY SUPERVISING	FUNCTION AT THE TIME OF VIOLENT SITUATION
John Doe	Clin Ther, 20203	Lobby	Clin Sup	Move clients to a safe area
John Doe	Clin Ther, 30344	Section B	Clin Ther II	Direct clients/staff to exit
John Doe	Clerk III, 44555	Clerical area	Clin Sup	Call police
	SA	MP		
<u></u>				

No. 7-1.20, Attachment 2, Page 1 of 2

		ASSAULTIVE BEHAVIOR PLA	.N	
		Clinic		
NAME OF STAFF	TITLE/POSITION NUMBER	ASSIGNED CLINIC AREA	ACCOUNTABILITY PERSON DIRECTLY SUPERVISING	FUNCTION AT THE TIME OF VIOLENT SITUATION
			;	

INTEROFFICE MEMO

DATE:	PHONE
FROM	MAIL CODE
TO.	DBH DIRECTOR VIA PROGRAM MANAGER II OR ADMINISTRATOR/SUPERVISOR
SUBJECT.	ASSAULTIVE BEHAVIOR DRILL FOR THE MONTH OF
Date drill con	ducted:
Total time spo	ent on drill:
Briefly descri	be the drill design:
Briefly descri	be the major issues staff discussed as a result of the drill:
Describe the	resolution to any questions/issues raised by the drill.
List the name	e of all staff who participated in or watched the drill:
	ty Director Safety Committee Chairperson

CROSS REFERENCE LISTING No. 7-1.20 - Evacuation of Clinic Due to Dangerous Client

7-1.21	Clients in Possession of Firearms and other Weapons
7-2.20	Safety in the Field
12-1.10	Tarasoff - Duty to Warn Potential Victims
12-2.11	Threats of Assault on Staff Members